First Breath Quit Coaching Baseline Survey 2019 *(last update 1.17.19)*

Participant ID#: Date Completed:	Completed By: Date Entered into SG:	Assigned to (HE):

SMOKING HISTORY

1. Did you smoke during any of your previous pregnancies?	□ Yes □ No □ Prefer not to answer □ N/A First pregnancy
2. How old were you when you first tried cigarettes?	
3. How old were you when you first started smoking daily/every day?	□ Age:_____ □ N/A - I have never smoked daily
4. How many times have you made a serious attempt to quit?	
5. During the period when you were smoking the most, on average, how many cigarettes per day did you smoke?	□ 1–5 cigarettes □ 21–30 □ 6–10 □ 31–40 □ 11–15 □ 41–50 □ 16–20 □ More than 50
6. During the past 12 months, have you stopped smoking for more than one day because you were trying to quit smoking?	□ NO □ YES If YES - How long did you go without smoking? □ 1 day - 3 days □ 4 – 6 days □ 1 – 2 weeks □ 3 – 4 weeks □ 1 – 3 months □ 4 – 6 months □ More than 6 months
7. What types of tobacco products have you used in the past 12 months? (choose all that apply)	□ Cigarettes □ E-Cigarettes □ Cigarellos, Little Cigars (Black and Milds, Swisher Sweets), or Regular Cigars □ Smokeless tobacco, snuz, chew, dissolvables □ Other:

CURRENT SMOKING STATUS

8. Have you smoked at all, even a single puff, in the last 7 days? A. If NO, mark "none in the past 7 days" B. If YES, on average how many cigarettes do you smoke per day?	□ None □ Some days, but not at all □ 1–5 cigarettes □ 6–10 □ 11–15 □ 16–20 □ 21–30 □ 31–40 □ 41+
9. If you did not smoke in the past 7 days – how long has it been since you smoked your last cigarette	□ Less than 2 weeks □ 2 – 4 weeks □ 1 – 3 months □ 3 – 6 months □ More than 6 months

10. How soon after you wake do you smoke (on the days that you smoke)?	□ Within 5 minutes □ 6 – 30 minutes □ 31 – 60 minutes	□ After 60 minutes □ N/A – Not currently smoking
11. How confident are you that you'll be smoke-free one year from now?	□ Not at all confident □ Not very confident □ In the middle	□ Pretty confident □ Very confident
12. How motivated are you to quit/remain quit?	□ Not at all motivated □ Not motivated very much □ In the middle	□ Motivated a little □ Greatly motivated
13. How hard will it be for you to quit smoking?	□ Very difficult □ Somewhat difficult □ In the middle	□ Somewhat easy □ Very easy

ENVIRONMENTAL TOBACCO SMOKE ASESSMENT

14. Which is the best description of tobacco smoking in your home CURRENTLY? (Choose one)	□ Smoking is never allowed inside your home □ Smoking is allowed only in certain rooms □ Smoking is allowed in all rooms of your home
15. In the past 7 days, were you exposed to someone else's tobacco smoke?	□ YES □ NO
16. In the past 7 days, have you experienced eye irritation, nose irritation, coughing, wheezing or chest tightness after being exposed to tobacco smoke?	□ YES □ NO

SOCIAL SUPPORT & STRESS

17. How much support (day-to-day help, emotional support, etc) do you get from the people in your life?	□ Extremely low □ Fairly low □ Medium	□ Fairly high □ Extremely high
18. What is your current stress level?	□ Extremely low □ Fairly low □ Medium	□ Fairly high □ Extremely high
19. Have you experienced any major stressors/life changes during your pregnancy? Please respond Yes, No, or prefer not to asnwer (Choose all that apply.)	□ Prefer not to answer □ Single parenthood □ Relationship problems □ Work stress (looking for a job, job loss, issues at a job) □ Daily life stress (transportation, childcare, etc) □ Difficulty caring for multiple children □ Housing insecurity or homelessness □ Food insecurity □ Financial insecurity □ Abuse or Domestic Violence □ Victim of a crime other than abuse or DV □ Legal problems □ Incarceration of someone close to you □ Personal health problems □ Problems with your pregnancy □ Death or serious illness of friend or family member □ Other:	
20. Total # stressors	Total # from previous question	

MENTAL HEALTH & SUBSTANCE USE

21. Do you/have you ever suffered from a mental illness or behavioral health disorder?	□ Prefer not to answer □ No □ Never diagnosed but suspected □ Yes

22. Do you/have you ever had a substance use disorder or been treated for an addiction to drugs or alcohol?	□ Prefer not to answer □ No □ Yes

FUTURE GOALS

23. What are your smoking goals?	□ Cut down for pregnancy/lactation only □ Cut down for good □ Quit for pregnancy/lactation only □ Quit for good

DEMOGRAPHICS

24. What type of health insurance do you have?	□ State/Medicaid/Badger Care □ Private	□ Marketplace/ACA □ None □ Other:
25. Do you currently receive WIC?	□ Yes	□ No
26. What is your current household income?	□ Less than $10,000 □ $10,000 - $19,999 □ $20,000 - $29,999	□ $30,000 - $49,000 □ $50,000 - $79,000 □ $80,000 or more
27. How many years of school did you complete?	□ Less than high school □ Some high school □ High school diploma or GED □ Some college or 2-year degree □ College degree □ Post-college education	
28. Employment Status	□ Not currently employed □ Employed part-time □ Employed full-time	
29. Relationship Status	□ Single □ Married or in a committed relationship □ Widowed □ Divorced	
30. How many people live in your home (including your unborn baby)?	A. Total # in household _____ B. # of adults including adult children (18+) _____ C. # of children (<18 yo) ____	
31. How many adults in your household (besides you) smoke?	□ None □ Some but not all □ All □ No other adults in my home	

GIFT CARDS

Tracking #	Gift Card #	Reason
		BL

NOTES FOR ASSIGNED HE